Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

Application Number	10/717,623
Filing Date	11/21/2003
First Named Inventor	Denis Babin
Art Unit	1722
Examiner Name	Heitbrink, Timothy W.

CHANGE (	OF CORRES	PONDENCE ADDRESS	Examiner Name Attorney Docket Nu		Heitbrink, Timothy W. 06-807-A			
I hereby revoke all previous powers of attorney given in the above-identified application.								
☐ A Pov	ver of Attorney	is submitted herewith.						
⊠ I here	by appoint the	practitioners associated with	the Customer Numb	er:	20306			
_	change the corr	espondence address for the abo		tion to:				
Cus	stomer Number	:	20306					
Firm or Individua	al Name							
Address								
City			State		Zip	_		
Country								
Telephone			Email					
☐ Assig		f the entire interest. See 37 CFI CFR 3,73(b) is enclosed. (Form						
	-/	SIGNATURE of Applicant	or Assignee of Reco	ord		_		
Signature	L	, tuck						
Name	Jonathon Fisc	ischer,\President						
Date	Oct 6	12006	Telephone					
NOTE: Signatures signature is require		assignees of record of the entire interest or the	eir representative(s) are requi	red. Submit m	ultiple forms if more than one			
*Total of 1	forms are submitted.							
his collection of infe	ormation is required	by 37 CFR 1.36. The information is require	ed to obtain or retain a ben	efit by the pu	ublic which is to file (and by the I	ISPTO		

Into consecution of individual control in Equation by a control of the individual control of the Control of the Individual control of Individual ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.